



031004

U.S. PTO
10/796091

031004

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

02910.000129

First Named Inventor or Application Identifier

MANABU OHNO ET AL.

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- | | |
|--|---|
| <p>1. <input type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="138"/></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets <input type="text" value="7"/></p> <p>5. <input type="checkbox"/> Oath or Declaration Total Pages <input type="text"/></p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed Statement attached deleting
inventor(s) named in the prior application, see
37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p style="margin-left: 20px;">b. Specification Sequence Listing on:</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
|--|---|
- ACCOMPANYING APPLICATION PARTS**

9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Other: _____	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No. ____/____
Prior application information:		Examiner _____	Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514	
	(Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below

NAME					
Address					
City	State	Zip Code			
Country	Telephone	Fax			



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	16-20 =	0	X \$ 18.00 =	\$.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	5-3 =	2	X \$ 86.00 =	\$ 172.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$290.00 =	\$
				BASIC FEE (37 CFR 1.16(a))	\$ 770.00
			Total of above Calculations =		\$ 942.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
	TOTAL =				\$ 942.00

19. Small entity status

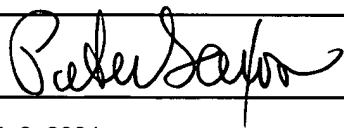
- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 942.00 to cover the filing fee is enclosed.

21. ☐ A check in the amount of \$ _____ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	PETER SAXON (24947)
SIGNATURE	
DATE	March 9, 2004